



SINGAPORE ACCIDENT STATEMENT

IMPORTANT NOTICE

1. Please report correctly the details of the accident to speed up the claims process.
2. This Form must be completed by the Policyholder and/or the Authorised Driver
3. Information provided must be as truthful and accurate as possible. Any wilful misrepresentation or withholding of material facts may allow insurance companies to repudiate policy liability.
4. The issue and acceptance of this Form by insurance companies is not an admission of policy liability on the part of the insurance companies.
5. Any false reporting may be referred to the Police for investigation.
6. This report will be forwarded by the insurers of the GIA Records Management Centre established by the General Insurance Association of Singapore (GIA) for archiving and that copies of this report will, for a fee, be made available upon application by interested parties.
7. By the lodgement of this report to the insurers, you hereby consent to the archiving of this report at the centre and to copies of the report being made available aforesaid.

ACCIDENT STATEMENT

Date of Submission	21/08/2021 16:52 (SGT)
Date of Accident	15/05/2021 16:30 (SGT)
Exact Location of Accident	Singapore
Additional Location Information	AYE
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	XE3056J
-----------------------------	---------

INSURED/POLICYHOLDER

Is company?	Yes
Name Of Registered Owner	HIAP SENG TRANSPORT PTE. LTD.
Company Reg No	2XXXXX385R
Email Address	admin@hiapseng.com.sg
Mobile Phone No	(Phone) +65-92996093
Alternative Phone No	(Office) +65-64566093

VEHICLE PARTICULARS

Manufacturer	Isuzu
Model	CYH52T
Variant	-
Exact purpose for which vehicle was being used at time of accident	-
Are you claiming under your own insurance policy for repair to your vehicle?	Yes
Vehicle Category	Commercial vehicle
Transmission	Manual
CC	15681

INSURANCE COMPANY

Name of Insurance Company	Lonpac Insurance Bhd
Type of Coverage	Comprehensive
Fleet Policy	No
Policy Number	Z20VC05005433
Cover Note Number	19/05/2020 TO 18/06/2021

DRIVER

Name of Driver	TAN KIM HONG
NRIC No	SXXXX497G



Date Of Birth	21/08/1964
Occupation	Outdoor
Date Of Driving Pass	29/12/1985
Driving experience	35 YEARS AND 5 MONTHS
Gender	Male
Mobile Number	(Phone) +65-98163851
Alt. Phone Number	-
Email Address	wayne@hiapseng.com.sg
Address	APT BLK 749 YISHUN ST 72 #11-130 (S)
Address complement	-
Postcode	-
Is the driver the policyholder?	No
If No, Relationship of the Driver with the Insured	Employee
Does Driver Own Other Vehicles?	No
Vehicle Registration Number of Other Vehicle Owned by Driver	-
Insurance Company of Other Vehicle Owned by Driver	-

GENERAL INFORMATION OF THE ACCIDENT

Type of Accident	Collision - Head to Rear
Weather Conditions	Clear
Road Surface	Dry

OTHER INFORMATION

Was any foreign vehicle involved in the accident?	No
Number of vehicles involved in the accident	2
Was anybody injured in the Accident?	Yes
Was any injured conveyed to hospital by ambulance?	Yes
Was any other vehicle or property damaged?	Yes
Number of Passengers (Including Driver)	1
Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance?	No

DETAILS OF POLICE ACTION

Was the accident reported to the police?	Yes
Police Station Name	Traffic Police
Police Station Phone No	(Phone) +65-65470000
Alt. Police Station Phone No	(Fax) +65-65474900
Police Station Address	10 Ubi Avenue 3 Singapore 408865
Was notice of intended Prosecution given?	No
If yes, against whom?	-

CIRCUMSTANCES OF ACCIDENT

REFER WITH ATTACHED.

ATTACHMENT(S)

Are accident photos available for attachment?	Yes
Was there any video captured by Car Camera?	No
Was there any audio recorded?	No

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	-
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	NA / Unknown

Name of Driver	-
Contact Number	-
Address	-
Address complement	-
Postcode	-
Insurance Company Name	-
Nature Of Damage	-
Details of property damaged in accident	-
No. Of Passenger (Including Driver)	-

INJURED PERSONS DETAILS

INJURED 1

Name of injured person	TAN KIM HONG
Gender	Male
Phone No	(Phone) +65-98163851
Address	APT BLK 749 YISHUN ST 72 #11-130 (S)
Address Complement	-
Post Code	-
Approximate Age Years Old	-
Injuries Sustained	NATIONAL UNIVERSITY HOSPITAL - ICU
Injured person in which vehicle?	XE3056J
Were seat belts worn?	Yes
Was this injured conveyed to hospital by ambulance?	Yes

SKETCH PLAN

IMPORTANT NOTICE

1. Please report correctly the details of the accident to speed up the claims process.
2. This Form must be completed by the Policyholder and/or the Authorised Driver.
3. Information provided must be as truthful and accurate as possible. Any wilful misrepresentation or withholding of material facts may allow insurance companies to repudiate policy liability.
4. The issue and acceptance of this Form by insurance companies is not an admission of policy liability on the part of the insurance companies.
5. Any false reporting may be referred to the Police for investigation.
6. The report will be forwarded by the insurers of the GIA Records Management Centre established by the General Insurance Association of Singapore (GIA) for archiving and that copies of this report will for a fee be made available upon application by interested parties.
7. By the lodgement of this report to the insurers, you hereby consent to the archiving of this report at the centre and to copies of the report being made available aforesaid.

8. Consent under the Personal Data Protection Act (PDPA)

I understand, acknowledge, agree and consent that :

(a) My insurer, my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or process my personal data/personal information set out in this [form] and any other personal information provided by me or possessed by my insurer (collectively the "Personal Information") and disclose and transfer such Personal Information to all insurer(s) who have insured vehicle(s) involved in this accident (all insurer(s) who have insured vehicle(s) involved in this accident shall be collectively referred to as the "Insurers"), the Insurers' lawyers/law firms, the Monetary Authority of Singapore and any relevant government agency/authority (such as the police), for the purpose(s) of :

- (i) processing, handling and/or dealing with my claims including the settlement of the claims and any necessary investigations relating to the claims;
 - (ii) investigating the accident and/or my claims;
 - (iii) carrying out and/or dealing with my instructions or responding to any enquiries by me;
 - (iv) administering my claims (including the mailing of correspondence, statements, invoices, reports or notices to me, which could involve disclosure of certain personal data about me to bring about delivery of the same as well as on the external cover of envelopes/mail packages); and/or
 - (v) complying with applicable law in administering, processing, handling and/or dealing with my claims.
- (collectively the "Purposes")
- (b) all insurer(s) who have insured vehicle(s) involved in this accident and the Insurers' lawyers/law firms, may/are permitted to collect, use, disclose and/or process my Personal Information for one or more of the above Purposes; and
- (c) my Personal Information may/can be disclosed by any of the Insurers and/or GIA to their third party service providers or agents (including their lawyers/law firms), which may be sited outside of Singapore, for one or more of the above Purposes.

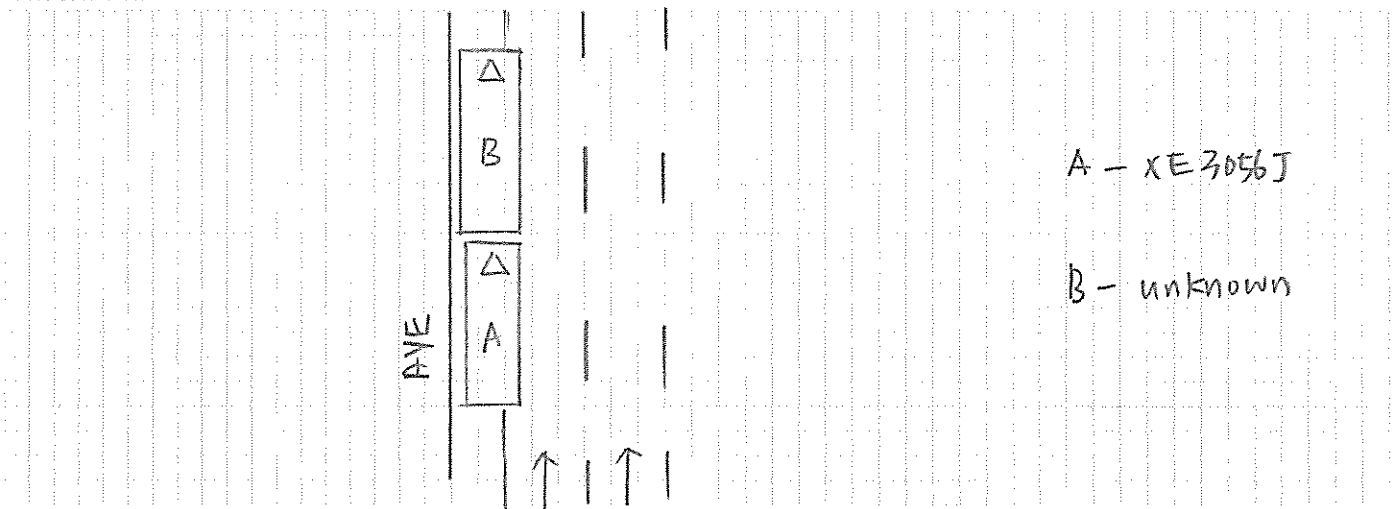
   Fe Wei

Policyholder's Signature / Date &
Time 19.8.2021 @ 09:42h & Time

Driver's Signature (If driver is not the policyholder) / Date

Witnessed by Reporting Centre
Personnel

Sketch Plan




Describe Circumstances of the Accident

refer to the police report T/20210518/2090.

Insurance Co.	Lonpac Ins	
Vehicle No.	XE3056J	Date of Accident
		15.5.2021
<input type="checkbox"/> Reporting Only		
<input checked="" type="checkbox"/> Own Damage Claim		
<input type="checkbox"/> Third Party Claim		
<input type="checkbox"/> Other Workshop		

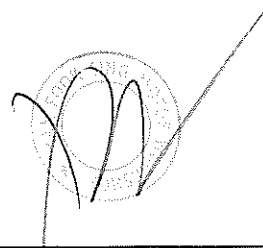
Declaration

We declare the foregoing particulars are true in every respect.


Policyholder's Signature / Date &
Time 19.3.2021 @ 09:42hr



Driver's Signature (If driver is not the policyholder) / Date
& Time


Witnessed by Reporting Centre
Personnel



SINGAPORE
POLICE FORCE



T/20210518/2090

Police Station Of Origin:
Traffic Police
10 Ubi Avenue 3 SINGAPORE 408865
Tel No: 65470000

1 of 3

Report No. T/20210518/2090

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 18/05/2021 18:19		Vide Report No.:		Station Diary No.:	
Informant's Particulars					
Name of Informant: SIM GODGREY			Address: 539 JURONG WEST AVENUE 1 #10-1036 SINGAPORE 640539		
ID Type / ID No.: NRIC NO / S9282505A			Contact No.: Home/Office: Mobile: 92996093		
Nationality: SINGAPORE CITIZEN			Email:		
Sex: Male	Age: 29	Date of Birth: 29/04/1992	Type of Informant: ON BEHALF		
Race: Chinese			Language: English		Institution / School Name:
Occupation: COMPANY MANAGER			Driving Licence Information: Class: 3 Date of Expiry:		

General Information of the Accident				
Type of Accident:	Injury Conveyed By Ambulance	Drink Drive: No	Date/Time of Accident: 15/05/2021 16:30	Type of Location: Straight Road
Location: AYER RAJAH EXPRESSWAY				
Weather: Clear		Road Surface: Dry		Road Speed Limit:
Traffic Flow: Dual Carriage Way		Traffic Control: Not Controlled		Traffic Volume: Heavy
Type of Collision: Between Moving Vehicles - Head To Rear				Anyone conveyed by ambulance: Yes

Details of Vehicle Involved						
Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
XE3056J	Lorry	ISUZU	CYH52T	White		0
	TRAILER					0

Details of Person Involved	
Any Pedestrian Involved: No	
No. of Pedestrians Injured: NIL	Use of Pedestrian Crossing: NA



SINGAPORE
POLICE FORCE



T/20210518/2090

Police Station Of Origin:
Traffic Police
10 Ubi Avenue 3 SINGAPORE 408865
Tel No: 65470000

2 of 3

Report No. T/20210518/2090

CONTINUATION OF REPORT

ON BEHALF				
Name	SIM GODGREY		ID No.	S9282505A
Related Vehicle	XE3056J (Lorry)		Contact No.	92996093
Hospital/Clinic	NATIONAL UNIVERSITY HOSPITAL		Class of Driving Licence & Expiry Date	Class: 3 Date of Expiry: NIL
Date Treatment	NIL		Date Discharge	NIL
No. of Days granted Medical Leave	NIL		Degree of Injury	Serious

Brief Details.

ON THE STATED DATE, TIME AND LOCATION

MY DRIVER WAS DRIVING THE LORRY BEARING REGISTRATION NUMBER (XE3056J) ALONG AYE TOWARDS CITY. I WISH TO STATE THAT I DON'T MUCH ABOUT WHAT HAPPENED AS MY DRIVER IS STILL IN ICU. FROM WHAT I WAS TOLD, MY DRIVER COLLIDED ONTO THE REAR SIDE OF AN UNKNOWN TRAILER AND SUSTAINED A SERIOUS INJURY. HE WAS CONVEYED TO NUH WHERE HE IS STILL IN ICU NOW. THAT IS ALL

IO IN-CHARGE: IO HIDAYAH 65476251



SINGAPORE
POLICE FORCE



T/20210518/2090

Police Station Of Origin:
Traffic Police
10 Ubi Avenue 3 SINGAPORE 408865
Tel No: 65470000

3 of 3

Report No. T/20210518/2090

CONTINUATION OF REPORT

Sketch Plan

Informant is not able to provide sketch plan

IMPORTANT: Please attach a copy of your vehicle's Insurance Certificate to this report. If you don't have the certificate with you now, please fax a copy to 65474885 stating the report number as reference.

Signature Of Officer Recording The Report:
TP /
SC2 MOHAMMAD DANISH SYAH BIN MOHD
KASSIM

Signature Of Interpreter:
Not applicable

Officer In Charge Of Case:
TP / GIT /
Sr Staff Sgt NG BEIFENG
Contact No.: 65476845

Authentication Stamp
NP168

Signature Of Informant:

Date/Time:
18/05/2021 18:19

Classification Of Case:



SINGAPORE
POLICE FORCE

Signature: